11. *Incorrect Legal Views as a Cause of Crime.*—R. Mothes mentions several peculiar notions on legal points prevalent especially among the lower classes. They often constitute reminiscences of former laws, and not infrequently lead to or justify crime.

12. *The Reform Movement in the Trial of Criminals.*—G. Lelewer discusses the contemplated reform in criminal practice, and advises against too great leniency.

13. *Legal Science in Greenland.*—The inhabitants of Greenland still possess very primitive ideas concerning law. According to D. F. B. Oefele, murder is very rare since the national character is peaceable and abhors dispute. A common practice, however, is to hasten the death of the old and dying. Married life is rather loose, and it is considered more of an advantage than a disgrace to possess children born out of wedlock. Disputes are usually settled by means of the so-called "drum dance," where the one who makes most noise is generally the victor.

14. *Reading of Thoughts.*—H. Schneickert has been present at several seances and has found that the thoughts to be transmitted are always communicated to the medium by a carefully studied and often complex system of signals. These are passed at moments when the attention of the public is diverted. Criminals frequently have a similar mute language, and partners should always be kept at a distance from each other, and all motions of their hands, face, etc., should be carefully watched.

15. *Superstition, Fortune-Telling and Quackery.*—The superstition of the lower classes has frequently ruined reputations and destroyed family ties. In the case cited by W. Schütze a perfectly innocent man was accused by almost all his acquaintances of arson because a "wise man" had thrown suspicion upon him. It is often very difficult to punish these quacks. In this case it took one and a half years to gather sufficient evidence.

O. HENSEL (New York).

ARCHIVES DE NEUROLOGIE

(Vol. 15, 1903, No. 89, May.)

1. A Study of Mania. SOUKHANOFF—GANNOUCHKINE.
2. New Observations on the Neurosis of Anguish. P. HARTENBERG.
3. Physiopsychology among Religious Orders. BINET—SANGLÉ.
4. Critical Review of Stigmata of Degeneration.

1. *A Study of Mania.*—Drs. Soukhanoff and Gannouchkine of University of Moscow founded their study upon material accumulated in the psychiatric clinic of Moscow. The authors have been able to classify the "observations" of all patients, both interne and externe during fifteen years from 1887 to 1902. The total number of patients were 4,434, of whom 2,840 were men and 1,594 were women. Among these, they recognize mania in but 40 cases, of whom 16 were men and 24 women. In the category of mania, the authors exclude from consideration all cases where, before or after the onset of mania, a depressive state was noted; these they classify as circular psychosis. All cases are also excluded where mania appears as a complication of general paralysis, a senile dementia, etc. "The above data indicate very clearly that mania is a very rare psychic malady."

Women are prone to suffer from mania more often than men, and if the number of male and female alieneés were equal, the ratio of men to women affected with mania would be as 1 to 2.68. Melancholia, particularly in women, appears as one of the most frequent of mental maladies; occurs almost seven times as often as mania. These views, they say, are those of other authors. Figures show that mania manifests itself most often between the ages of 16 and 25 years. The age of earliest access, 13 years; latest at 66 years.

2. *New Observations upon Neuroses of Anguish.*—Hartenberg, after

Freund of Vienna, and upon his own studies, classifies the subject: (1) General irritability, including often auditive hyperesthesia; (2) A state of habitual anxious expectation of some evil which threatens; (3) Crises of acute agony, beating of the heart, etc.; (4) Equivalents of crises, represented by nocturnal fright, with distressing dreams, etc., variations of general nutrition, with periodic fattening or emaciation; (5) Phobies and obsessions.

The first observation cited is that of a married woman, Madame L., twenty-six years of age, mother of a child of four and one-half years. She was in great mental distress, the origin of which was as follows: While absent from her home, "a friend of the house, made courtship to her and engaged her in a flirtation sufficiently advanced. There was great reciprocal attraction; the situation became perilous for the honor of the young woman, when suddenly the gallant friend, seized with remorse, put an end to their relations. They almost ceased from seeing each other." This, instead of calming her for the future, induced bitter remorse. She was in continued inquietude. A thousand questions arise in her mind. "Does she still love her husband? Her child? She is a great criminal. She ought to be punished. What misfortunes will happen to her, how escape them?" She weeps, is in despair, and calls for death to deliver her from her martyrdom. Somatic troubles accompany the mental state, etc. The author institutes a treatment tonic and reconstituent. While she improves in bodily health, sleeps, etc., the obsession, fear of punishment with scruples, reproaches, ideas of suicide, continue, and after six months the mental troubles have subsided but not disappeared. The neurasthenia is rapidly cured; the neurosis of agony is not amended till much later.

The author next propounds, with qualified approval, an hypothesis of Freund that neuroses of anxiety are caused by insufficiency of satisfaction of sexual want. He reports in his own practice the case of a widow, who afterward remarried, which gave some evidence of Freund's opinion. He also reports in much detail a case of the neurosis of anxiety produced by the emotions of automobilism. In 1899, M. F. commences automobiling, at first with a tricycle, then with a voiturette, and lastly with a carriage of six horse power. In May, 1899, he journeys from Nice to Macon, with four halts. The first three days pass without incident in spite of the great fatigue produced by the close attention required in guiding the carriage. The fourth day, in getting out at Neufchateau for luncheon, he finds himself greatly indisposed. He experiences severe pain in the epigastric region, like that in extreme emotion. His teeth chatter, he shivers, has violent beating of heart, and is assailed with fear of sudden death. In October following, after three days' journey in the automobile, he dines with good appetite and sleeps at Avignon. Towards eleven o'clock he is awakened with an atrocious terror. It seems to him that it is the end, that his heart will break; that he will instantly die—all this subsides in half an hour. A medical consultation reveals no heart lesion, and attributes the symptoms to a gastric state. M. F. has given up the automobile. *A propos* of this: on page 480 of this number, there is a report of a meeting of the Society of Hypnology and Psychology, at which there were remarks upon the psychology of speed.

HACHET-SOUPLET. Whoever is in a situation to increase at will his speed is entirely carried away by the intense impressions which he experiences; he loses self-mastery; he is intoxicated; there are born in him feelings which he has not in a normal state; pride, combativeness, anger, hatred, spitefulness, violence. These feelings vary in form and degree, according as it concerns the driver of an omnibus, the coachman on his cab, the horseback rider, the automobiliste.

BERILLON. There is a great analogy between the euphoria of speed and that of morphine. Those who allow themselves to be carried away with

speed-making, for its own sake, without any end of utility, are most often degenerates, deprived of power of doing things in moderation, have lost empire over themselves and contend in a fury against the slightest obstacles.

PAUL MAGNIN. When we come to the question of speed, of tobacco or of alcohol, we have an affair of individuals, who in use, are unable to keep from abuse; are in effect deprived of all power of moderation, to the point of losing the instinct of self-preservation. One physician thought that speeding a horse involved a difference, as it was control of an intelligent being, to which replies,

LUX. In Algeria I have been a witness of Arab fantasias. They are demi-fools, intoxicated by the dust, transported by a savage fury; have no longer any sense of moderation. Their euphoria resembles that of automobilists, and the horses even are likewise seized with it.

The author states, in summing up, that we may consider the clinical syndrome of the neurosis of agony as real and generally accepted at this day. But it remains not less true that there are some cases, where the affection as described exists in a pure state, without any participation of neurasthenia or of melancholia, and which spontaneously or under the effect of care is cured entirely, without ever turning into asthenic neurosis or into psychosis of anxiety.

3. *Physio-psychology Among Religious Orders: Nuns of Port Royal.*—The author continues and concludes his studies of the seventeenth century monks and nuns of Port Royal, France. After giving minute biographies of several, he sums up by saying that he finds a neuropathic and religious heredity in one of the nuns and, in two, a religious heredity. Of three others, one was suffering from dysentery and suppurating hepatitis, and obtained relief in her troubles by auto-suggestion; the second was in general bad health; at twenty-seven had vomitings; at thirty-two, spitting of blood; the third also was in weak health, and died after five days of "oppression in the breech," with continuous fever. Of the four, of which we know the age at death, the first died at fifty-one, the second at nearly seventy-four, the third at sixty-eight, and the fourth at eighty; the average of the four was sixty-eight.

As to character, one passed as intelligent, another said she was "poor in spirit" (Query: Does the author know of the beatitudes?), two presented a predisposition to sadness, one to weakness and fear; all were of hypersuggestibility; three had a certain suggestive power.

4. *Stigmata of Degeneration.*—This number contains a review of certain articles by René and Henri Larger on the "Obstetric Stigmata of Degeneracy." Besides physical and mental stigmata there are also obstetric stigmata of degeneracy as seen in anomalies of gestation, such as sterility, twin-bearing, miscarriage, ectopic pregnancy, all the anomalies of the placenta, of the membranes, of the cord, all abnormal presentations, etc. These views are contested by Poiak and the accoucheurs: First observation—First husband normal; presentations normal in "OIGA"; second husband degenerate, presentation of the face. Second observation—First paramour normal, two successive presentations normal in "OIGA"; second paramour degenerate, presentation by the breech; the second paramour is a married man who has, simultaneously by his wife, a child born also by the breech. Third observation—Husband degenerate, three pregnancies with, each time, presentation abnormal with puerperal convulsions. The wife takes a paramour perfectly normal; three new accouchments, all normal in "OIGA," and without puerperal eclampsia. RICHARDS, Amityville.